



Mental Health Medication Advisory Committee
(MHMAC) Overview and Update
01/28/2016

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Kansas Department of Health and Environment

Mental Health Medication Advisory Committee (MHMAC)

- Charged with providing recommendations to the Medicaid Drug Utilization Review board to promote better management of behavioral health drugs in the Medicaid program
- In three meetings, MHMAC board members have proposed criteria that were sent to DUR 1/13/16. In addition, the committee discussed processes to reduce administrative burden to providers
- Meet quarterly, or upon the request of the chair
- Next meeting scheduled for February 9th

MHMAC Members

MHMAC consists of 9 members:

- The Secretary of Health and Environment or the Secretary's designee serves as the Chair
- Four psychiatrists
- Two pharmacists
- One physician
- One Advanced Practice Registered Nurse (APRN)

DUR Board

Drug Utilization Review (DUR) Board must accept or reject proposals in full

- If rejected, proposals will return to MHMAC for further development
- If accepted, state will coordinate implementation with MCOs (with patient and prescriber education and outreach)

MHMAC Proposed Criteria

Proposals approved by MHMAC that were considered by the DUR Board on Jan 13th:

- Antipsychotic Dosing Limits
- Use of Multiple Concurrent Antipsychotics
- Antipsychotics for Children Age 13 or Younger
- Benzodiazepine Dosing Limits
- Use of Multiple Concurrent Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
- Use of Multiple Concurrent Selective Serotonin Reuptake Inhibitors (SSRIs)
- Use of Multiple Concurrent Antidepressants

Antipsychotic Dosing Limits

Criteria for Prior Authorization:

- Doses exceeding a set maximum daily dose will require prior authorization
- Prior authorization will require a peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval
- Length of approval: 12 months

Use of Multiple Concurrent Antipsychotics

- Not approved by the DUR
- DUR Board approved of criteria for adults
- DUR Board had questions about criteria for children so sent back to MHMAC for further consideration

Antipsychotics for Children Age 6 or Younger

Criteria for Prior Authorization for antipsychotics prescribed to children ages 6 or younger:

- Must be prescribed by or in consultation/collaboration with a psychiatrist, neurologist, or developmental-behavioral pediatrician
- Must have a diagnosis of autistic disorder, mood disorder, psychotic disorder, tic disorder or Tourette's syndrome
- Documentation of plasma glucose, lipid screening, weight, height and waist circumference within the previous 3 months
- Length of approval: 6 months*

*A one-time 60 day override for this criteria requirement will be available to dispensing pharmacies through the Point-of-Sale PBM adjudication system.

Antipsychotics for Children Ages 7-13

Criteria for Prior Authorization for antipsychotics prescribed to children ages 7-13:

- Must have a diagnosis of Autistic Disorder, Hyperactive Behavior, Mood Disorder, Problem Behavior (Severe), Schizophrenia OR Tourette's Syndrome
- Documentation of plasma glucose, lipid screening, weight, height and waist circumference within the previous 3 months
- Length of approval: 12 months*

*A one-time 60 day override for this criteria requirement will be available to dispensing pharmacies through the Point-of-Sale PBM adjudication system.

Antipsychotics for Children Age 6 or Younger Renewals

Renewal criteria for Prior Authorization for antipsychotics prescribed to children ages 6 or younger:

(must meet all of the following)

- Must be prescribed by or in consultation/collaboration with a psychiatrist, neurologist, or developmental-behavioral pediatrician
- Documentation of metabolic profile monitoring in accordance with AACAP/ADA guidelines
- Patient must be receiving evidenced-based behavioral modification therapy concurrently with anti-psychotic therapy unless behavioral modification therapy is documented to be ineffective
- Annual physical must be completed by a pediatrician, family practice physician, family nurse practitioner or physician assistant for continued approval
- Length of renewal approval: 12 months

Antipsychotics for Children Ages 7-13

Renewals

Renewal criteria for Prior Authorization for antipsychotics prescribed to children ages 7-13: (must meet all of the following)

- Documentation of metabolic profile monitoring in accordance with AACAP/ADA guidelines
- Patient must be receiving evidenced-based behavioral modification therapy concurrently with anti-psychotic therapy unless behavioral modification therapy is documented to be ineffective
- Annual physical must be completed by a pediatrician, family practice physician, family nurse practitioner or physician assistant for continued approval
- Length of renewal approval: 12 months

Benzodiazepine Dosing Limits

Criteria for Prior Authorization for patients receiving multiple benzodiazepines concurrently:

- Three or more different benzodiazepines used concurrently within 30 days will require a prior authorization
- Peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval
- Patients with documented seizure diagnosis will automatically be approved
- Length of Approval: 6 months

Use of Multiple Concurrent SNRIs

Criteria for Prior Authorization for patients receiving multiple Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) concurrently:

- Two or more different SNRIs used concurrently for greater than 60 days will require prior authorization:
- Peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval
- Length of approval: 12 months

Use of Multiple Concurrent SSRIs

Criteria for Prior Authorization for patients receiving multiple Selective Serotonin Reuptake Inhibitors (SSRIs) concurrently:

- Two or more different SSRIs used concurrently for greater than 60 days will require prior authorization:
- Peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval
- Length of approval: 12 months

Use of Multiple Concurrent Antidepressants

Criteria for Prior Authorization for patients receiving multiple concurrent antidepressants:

- Three or more different antidepressants used concurrently for greater than 60 days will require a prior authorization:
- Peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval
- Length of approval: 12 months

Thank You

Questions?